885235\_1 NSP/AA/cmb April 23, 2009 PATENT APPLICATION DOCKET NO. 0003.2001-003

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Norwin W. Wolff, Timothy L. Martin and Thomas L. Hiff

Application No.:

10/591,886

371(c) Date:

April 26, 2007

Confirmation No:

6951

For:

PERSONAL CARE FIXATIVE

CERTIFICATE OF MAILING OR TRANSMISSION

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Group:

1796

Examiner: Tischler, Frances

aro) M-Bowerman

Typed or printed name of person signing certificate

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

04/28/2009 LNGUYEN1 00000053 10591886 01 FC:1252 490.00 OP

## The claims fee has been calculated as shown below:

|       | -                                         |          |         |                          |                  |    | SMALL | ENTITY        | _         |         | R THAN<br>ENTITY |
|-------|-------------------------------------------|----------|---------|--------------------------|------------------|----|-------|---------------|-----------|---------|------------------|
|       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |          | PREVI   | ST NO.<br>OUSLY<br>OFOR  | PRESENT<br>EXTRA | R  | ATE   | ADDIT.<br>FEE | <u>OR</u> | RATE    | ADDIT.<br>FEE    |
| TOTAL | 42                                        | MINUS    | *       | 42                       | 0                | х  | \$ 26 | \$            |           | X \$52  | \$               |
| INDEP | 4                                         | MINUS    | **      | 4                        | 0                | х  | \$110 | \$            |           | X \$220 | \$               |
| ☐ FIF | RST PRESENTATI                            | ON OF MU | JLTIPLE | DEP. CL                  | AIM              | +  | \$195 | \$            |           | + \$390 | \$               |
|       |                                           |          |         | t fewer th<br>t fewer th |                  | ТО | TAL = | \$ 0          | •         | TOTAL = | \$ 0             |

## The Application Size Fee has been calculated as shown below: (Effective for cases filed on or after December 8, 2004)

| Actual Sheets                 |                                      | No. of Additional                              | SMALI   | LENTITY                 |         | R THAN<br>LENTITY       | Payment              |  |
|-------------------------------|--------------------------------------|------------------------------------------------|---------|-------------------------|---------|-------------------------|----------------------|--|
| (Including current amendment) | Sheets Paid<br>For<br>(At least 100) | Units Required<br>(Increments of<br>50 sheets) | Rate    | Total<br>Amount<br>Owed | Rate    | Total<br>Amount<br>Owed | Sufficient for up to |  |
| 39                            | 100                                  | 0                                              | X \$135 | \$[ ]                   | X \$270 | \$[ ]                   | 100 Sheets           |  |

## **Petition for Extension of Time**

| $\boxtimes$ | Applicant hereby petitions to extend the time to respond to the Office Action dated December 5, 2008 for two month(s) from March 5, 2009 to May 5, 2009. The appropriate fee is set forth below. |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]                                                                                    |

| i icasc cii | arge Deposit Account No. 08-0380 for the following fees:                                                                          |              |  |  |  |  |  |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------|--|--|--|--|--|
|             | Petition for [ ] month Extension of Time                                                                                          | \$           |  |  |  |  |  |
|             | Claims Fee                                                                                                                        | \$           |  |  |  |  |  |
|             | Application Size Fee                                                                                                              | \$           |  |  |  |  |  |
|             | Other Fees:                                                                                                                       |              |  |  |  |  |  |
|             |                                                                                                                                   | \$           |  |  |  |  |  |
|             |                                                                                                                                   | \$           |  |  |  |  |  |
|             | TOTAL:                                                                                                                            | \$           |  |  |  |  |  |
| A check     | is enclosed in payment of the following fees:                                                                                     |              |  |  |  |  |  |
| $\boxtimes$ | Petition for two month Extension of Time                                                                                          | \$ 490       |  |  |  |  |  |
|             | Claims Fee                                                                                                                        | \$           |  |  |  |  |  |
|             | Application Size Fee                                                                                                              | \$           |  |  |  |  |  |
|             | Other Fees:                                                                                                                       | 4,7170-4     |  |  |  |  |  |
|             |                                                                                                                                   | \$           |  |  |  |  |  |
|             |                                                                                                                                   | \$           |  |  |  |  |  |
|             | TOTAL:                                                                                                                            | \$ 490       |  |  |  |  |  |
|             | Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. |              |  |  |  |  |  |
|             | Respectfully submitted,                                                                                                           |              |  |  |  |  |  |
|             | HAMILTON, BROOK, SMITH & RE                                                                                                       | YNOLDS, P.C. |  |  |  |  |  |
|             | By Alexander Akhiezer Registration No.: 54,617 Telephone (978) 341-0036 Facsimile (978) 341-0136                                  | lhiere-      |  |  |  |  |  |